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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* NONE, NMD

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE, NMD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/04/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS NMD		
Verified and Acknowledged				

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## TITLE

USING A PARTIAL METAL LEVEL MASK FOR EARLY TEST RESULTS

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )